

PART B - FEE(S) TRANSMITTAL

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36822 7590 10/04/2006
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/766,597	01/27/2004	Sundaram Ravikumar	RAV-012	3403

TITLE OF INVENTION: SURGICAL RETRACTOR APPARATUS FOR USE WITH A SURGICAL PORT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	01/04/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
O'CONNOR, CARY E	3732	600-219000

01/10/2007 EMAILED 00203308 10766597

01 FC:2501
02 FC:2501

723.00 OP
100.00 OP
3.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page:
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gordon & Jacobson, PC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 1 (one)

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

David P. Gordon

Date

1-4-07

Typed or printed name

David P. Gordon

Registration No.

29,996

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sundaram Ravikumar et al.

Group Art Unit: 3732

Serial No.: 10/766,597

Examiner: O'Connor, Cary E.

Filed: January 27, 2004

Attorney Docket: RAV-012

Title: Surgical Retractor Apparatus for Use with a Surgical Port

I hereby certify that this correspondence is being deposited on this day with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450.

David P. Gordon

1-4-07

David P. Gordon
Reg. No. 29,996

Date

Honorable Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

ISSUE FEE TRANSMITTAL

Enclosed herewith please find a properly completed form PTOL 85b and an issue fee check of \$1003 (which includes the issue fee of \$700, a \$300 publication fee, plus \$3 fee for one advance order copy) to the order of the Commissioner of Patents and Trademarks. This transmittal is timely in nature. Please be advised that the formal drawings are being/have been submitted under separate cover.

The undersigned believes that this submittal together with the formal drawings completes the requirements for the issuance of a patent. If any additional fees are due or any refund due, please charge or credit them to my deposit account number 07-1732. If anything remains outstanding, please advise immediately so that delays and fees can be avoided.

Respectfully submitted,

David P. Gordon

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